

THE MEDICAL NEWS AND LIBRARY.

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WEST'S LECTURES ON THE OS UTERI,

TWENTY PAGES.

CLINICS.

Statistical Report of the Principal Operations performed in the London Hospitals during June, 1854.

Lithotomy.—The case (Case 5) left under treatment last month has recovered. Number of cases, 4; recovered, 3; under treatment, 1.

Case 1. A boy, in good health, aged 12, under the care of Mr. Cutler, in St. George's Hospital. Two stones were removed, each of considerable size, and consisting of phosphate of lime, with lithic acid nucleus. Recovered. *Case 2.* A boy, aged 8, in moderate health, who had suffered extremely from the irritation caused by the stone, and whose urine was habitually alkaline. The usual operation was performed by Mr. Hawkins, in St. George's Hospital, and a stone of moderate size removed. The nucleus consisted of lithic acid, and was surrounded by concentric rings of lithic acid and lithate of ammonia, the outer coating being of triple phosphate. The patient is doing well. *Case 3.* A man, aged 67, a farm-

labourer, stout; florid, and in good health, under the care of Mr. Cock, in Guy's Hospital. The usual operation was performed, and a large stone removed. Recovered. *Case 4.* A boy, aged 7, in good health, but who had suffered extremely from the stone, under the care of Mr. Cock, in Guy's Hospital. Recovered.

Lithotripsy.—A man, aged about 54, is in the London Hospital, under Mr. Curling's care, on account of calculus in the bladder, on whom two lithotripsy operations have been performed during the last month. Three years ago, Mr. Curling adopted the same measures, and succeeded in relieving him of all symptoms of stone, numerous fragments having been passed. He is the subject of a very much enlarged prostate, and habitually requires the use of a catheter.

Lithectasy (in the female).—Two cases have occurred, during the month, of operations for the removal of calculi from the female bladder. *Case 1.* A woman, aged 21, under the care of Mr. Ferguson, in King's College Hospital, admitted on ac-

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count of symptoms of urinary irritation. It was found, on examination, that she had stone in the bladder, and that there was also a portion of iron-wire, on which probably the incrustation had formed, and one end of which projected into the vagina. Mr. Fergusson's operation consisted in incising the left side of the urethra to a sufficient extent to allow of the removal of the stone (previously crushed), and of the wire. The latter proved to be a common hair-pin, and had doubtless been introduced by the patient herself. The case remains under care. *Case 2.* A child, aged 3, under the care of Mr. Hilton, in Guy's Hospital. She had suffered so extremely from the irritation, that it was at first feared she would not bear any operation. After a few weeks' preparatory treatment, the chief measure in which consisted of opiate enemata, her health was thought sufficiently restored, and Mr. Hilton removed successfully a large calculus. It was necessary to incise both sides of the urethra, but the wounds healed kindly, and the child left the Hospital well, and with perfect control over the bladder. (We shall shortly report in detail both the above cases.)

Herniotomy.—The case (No. 11) left under treatment by last month's report, has recovered.

Number of cases, 10; recovered, 5; under treatment, 3; died, 2.

Case 1. A woman, aged 47, under the care of Mr. Curling, in the London Hospital; hernia femoral; strangulation three days; sac opened. About a week after the operation, feces began to escape by the wound, and have since continued to do so. The patient is doing fairly, but yet under treatment. *Case 2.* An infant, aged 1 year, under the care of Mr. Adams, in the London Hospital. The hernia was of the inguinal form, but did not extend into the scrotum; strangulation had existed for about twenty-four hours. The incision through the skin having been made, and the upper margin of the external ring divided, the intestine slipped back spontaneously. The child recovered well. *Case 3.* A woman, aged 60, under the care of Mr. Erichsen, in University College Hospital. The hernia was femoral, and had been five days strangulated. The sac having been opened, it was found to contain some fetid pus, and a knuckle of intestine, in a gray and gangrenous condition; the stricture was accordingly freely divided, and the bowel

left *in situ*. The after-treatment consisted in the application of poultices to the part, and the internal exhibition of opium. Shreds of slough soon after began to separate, and, on the fourth day, the bowel gave way, and feces began to escape into the wound. On the seventh day, motions began to pass by the anus, after which, the discharge by the wound gradually diminished. The healing process was complete on the twenty-fifth day, the recovery being perfect. *Case 4.* A woman, aged 65, hernia femoral; strangulation nearly three days; sac opened. Profuse suppuration from the sac followed, attended by symptoms of acute peritonitis, from which the patient died on the fifth day. No autopsy. *Case 5.* A woman, aged 48, under the care of Mr. Hancock, in Charing-cross Hospital, hernia femoral; strangulation 12 hours; sac opened; recovered. *Case 6.* A woman, aged 52, under the care of Mr. Callaway, in Guy's Hospital; hernia inguinal, and of small size; strangulation about 52 hours; sac not opened; recovered. In this case the whole tumour slipped up spontaneously as soon as the margin of the external ring was cut. *Case 7.* A woman, aged 73, in Guy's Hospital, under the care of Mr. Birkett. She had, for many years, been the subject of an irreducible femoral hernia on the left side; the tumour had become larger, and there had been well-marked symptoms of strangulated bowel for about 16 hours previous to the operation. The stricture having been divided, external both to sac and to fascia propria, the bowel was easily reduced. More hemorrhage than usual followed the incision of the ring, but it was arrested by pressure. All symptoms of strangulated intestine ceased after the operation. The woman lived rather more than three days, and died apparently of bronchitis, to which she had long been subject. At the autopsy, no decided evidences of peritonitis could be found; in the left iliac region lay a portion of ileum about three inches long, which, from its appearing more congested than the rest, was judged to have been the strangulated part; its tissues were quite healthy. In the wound made by the operation was a clot of blood, which had probably proceeded from a vein, as no wounded artery could be discovered. The stricture had been divided external to the fascia propria, and the latter membrane was much thickened, and closely adherent

to the peritoneal sac. The sac, the size of a small egg, contained a piece of omentum, which adhered to its neck, and a small quantity of dark-coloured fluid. Most of the organs in the body were in a state of fatty degeneration. The bronchial tubes contained much mucus. *Case 8.* A woman, aged 48, under the care of Mr. Stanley, in St. Bartholomew's Hospital; hernia femoral; strangulation four days; sac not opened; recovered. Mr. Stanley operated by means of a small incision, not more than three-quarters of an inch long. *Case 9.* A man, aged 79, under the care of Mr. Lawrence, in St. Bartholomew's Hospital; hernia scrotal, the size of two fists; strangulation thirty hours; sac opened; doing well. Eighteen inches of small intestine were exposed in a much discoloured state, but apparently sound; a mass of omentum weighing seven ounces was cut away. Some suppurative inflammation about the wound followed, but are now subsided. *Case 10.* A man of middle age, in the London Hospital; hernia scrotal; very large; of seven years' standing, but strangulated only half an hour; sac not opened; doing well.

Ligature of Arteries.—*Case 1.* A man, aged 49, under the care of Mr. Curling, in the London Hospital, on account of a severe concussion, had a pulsating swelling form in the right orbit. The eye became pushed forwards, and vision much disturbed. There were all the signs of aneurism, and the conclusion arrived at was, that in the accident some injury had been inflicted on the trunk of the ophthalmic artery, which had led to its ultimately giving way. The tumour rapidly enlarging, Mr. Curling decided to place a ligature on the common carotid artery. The operation was successfully performed. Immediately afterwards the man lost all sight in the eye, but within a few days afterwards the faculty gradually returned. The recovery was perfect, all signs of tumour disappearing, and the eye having sunk back into its proper site, and regained its function completely. *Case 2.* A woman, aged 30, admitted under the care of Mr. Hancock, into the Charing-cross Hospital, on account of an injury over the wrist. To arrest the bleeding pressure was used, but repeated attacks having made it evident that the ulnar artery was wounded. Mr. Hancock cut down upon that vessel, and tied both ends at the seat of injury.

The operation was done a week after the accident, and the patient recovered well.

Trephining of the Skull.—The following case occurred in Guy's Hospital, under the care of Mr. Birkett. A boy, aged 7, was admitted, with the account that a carriage-wheel had passed over his head; but his scalp was not cut anywhere. Soon after admission, the symptoms of compression became so urgent that Mr. Birkett was induced to divide the scalp over some extravasated blood, in order to examine the bone beneath. A fracture of the squamous portion of the right temporal bone, running into the parietal, having been discovered, the trephine was applied on its edge. No blood was, however, found between the dura mater and the bone. Death took place within a few hours of the accident. The *post mortem* showed extensive laceration and contusion of both cerebral hemispheres, and besides the fracture just mentioned, one extending into the petrous portion of the right temporal bone. There was no blood external to the dura mater on either side.

Compression Treatment of Aneurism.—Mr. De Morgan's case, in the Middlesex Hospital, continues under care. Not much effect has as yet been produced upon the tumour. It is situated just above the popliteal space, between the hamstring tendons, and is about the size of an orange. The patient is a healthy, florid man, aged 60; he bears the treatment very well, and can now sleep with the compressor so tight as to quite arrest pulsation. Mr. De Morgan is applying light pressure over the sac itself. A man of middle age is under Mr. Cock's care in Guy's Hospital, for popliteal aneurism, on whom the compression plan is being tried. The aneurism was at first the size of a large egg, and now, after about a month's treatment, it has been reduced to that of a pigeon's egg, and has become more solid. It still, however, pulsates. The man is not able to bear quite continuously such an amount of pressure as arrests the pulsation entirely.

Amputations.—Of the cases left under care the following have ended fatally: *Case No. 7, of the Report for March.*—The man had been much reduced by secondary hemorrhage a week after the operation, and death, which occurred in the twelfth week, appeared to be induced by exhaustion. Bed sores had formed, and there had been profuse suppurative from them. *Of last*

month's Report, Case 5. Death from pyæmia fourteen days after the operation. At the *post mortem* secondary deposits were found in the lungs and liver. *Case 11.* Death about one month after the operation, well-marked symptoms of pyæmia having been present. With these exceptions the cases are either recovered or doing well.

Number of cases, 14; recovered, 1; under treatment, 12; died, 1.

Of the Thigh.—Case 1. A boy, of strumous diathesis, aged 8, under the care of Mr. Erichsen, in University College Hospital. Amputation through the condyles of the femur was performed on account of disease of the tibia following an injury, and involving both the ankle and knee-joints; under treatment, and doing well. *Case 2.* A man, aged 29, under the care of Mr. Stanley, in St. Bartholomew's Hospital. An operation on account of ununited fracture of the femur had been performed three months ago (see *Medical Times and Gaz.* for April 22, page 406), and had failed, leaving the man much debilitated by long suppuration, and with the parts in the condition of a compound fracture. There appeared no chance of recovery with a useful limb, and Mr. Stanley accordingly determined to remove it. Amputation was performed not much below the great trochanter. No fewer than twenty-six arteries required ligature before the bleeding could be arrested, and, in spite of the care exercised in this respect, a slight attack of secondary hemorrhage occurred a few days afterwards. The man has since done well, and may now be regarded as convalescent. *Case 3.* A boy, aged 13, of strumous constitution, under the care of Mr. Stanley, in St. Bartholomew's Hospital, on account of necrosis of the lower part of the femur, involving the knee-joint. Amputation in the lower third of the thigh was performed, and the boy has recovered without a bad symptom. *Case 4.* A man, aged 40, in good health, under the care of Mr. Cutler, in St. George's Hospital, on account of chronic disease of the knee-joint, which, although no abscesses had formed, prevented him from using the member. Doing well. *Case 5.* A boy, aged 14, under care of Mr. Cutler, in St. George's Hospital, on account of strumous disorganization of the knee. Doing well. *Case 6.* A man, aged 50, under the care of Mr. Paget, in St. Bartholomew's Hospital. Secondary amputation was performed two

weeks after compound fracture of the tibia and fibula; under treatment. *Of the Leg.—Case 7.* A woman, aged 31, under the care of Mr. Paget, in St. Bartholomew's Hospital, on account of diseased ankle. A flap amputation in the lower third of the leg was performed, and her progress since has been good. *Case 8.* A man, aged 23, under the care of Mr. Critchett, in the London Hospital; a strong and healthy labourer. Primary amputation after compound fracture. Under treatment. *Of the Foot.—Case 9.* A girl, aged 16, in tolerable health, under the care of Mr. Cutler, in St. George's Hospital, on account of strumous disease of the metatarsus and part of the tarsus. Chopart's amputation was performed, and the stump promises to be a very good one. *Case 10.* A man of middle age, admitted under the care of Mr. Critchett, into the London Hospital, on account of severe compound fracture of the foot, in which the ankle-joint had been laid open, the femur on the same side being broken. With some difficulty the operator managed to obtain skin enough to allow of amputation at the ankle. The flaps afterwards sloughed away, leaving the bones exposed. The man, whose habits had been very intemperate, had, by the very free use of stimulants, been kept from passing into delirium, and his condition appeared promising, the stump being covered with healthy granulations. Nearly a month after the first operation, it was decided to remove the projecting ends of the tibia and fibula, and the patient's consent to this measure was accordingly asked. The thought of a second operation seemed to annoy him very much, and he refused to submit to it. On the same evening, violent delirium set in, and continued till death, which took place three days later. At the *post mortem*, the internal viscera were not examined; no phlebitis was discovered, but there was a collection of matter around the ends of the fractured femur. *Of the Upper Extremity.—Case 11.* A man, aged 25, under the care of Mr. Ward, in the London Hospital, on account of crushed hand. Primary amputation at the wrist-joint was performed. Doing well. *Case 12.* A man, aged 31, under the care of Mr. Cutler, in St. George's Hospital, on account of contusion of the forearm. Gangrene resulted ten days after the accident, and amputation above the elbow became necessary. The patient remains under

treatment. Examination of the arm showed the ulnar and radial arteries plugged with lymph. *Case 13.* A man of middle age, in the London Hospital; primary amputation through the forearm, on account of crushed hand. Recovered. *Case 14.* By Mr. Quin, in University College Hospital; amputation above the wrist, on account of an epithelial cancer on the hand. The patient, a woman aged 60, in good health, is going on favourably.

Excision of Bones and Joints.—The numerous cases of this class previously reported remain under treatment. During the month there have been performed the following: *Case 1.* Excision of the head of the femur, by Mr. Erichsen, in University College Hospital. The patient was a boy, aged 8, much emaciated, and in an advanced condition of hectic, from long-standing disease of the hip joint. The head and neck of the femur were found to be extensively diseased, and undergoing absorption; the acetabulum was also involved, and required to be gouged out. The patient has done well since the operation. *Case 2.* By Mr. Fergusson, in King's College Hospital; excision of the elbow-joint of a young man. The patient is under treatment. *Case 3.* By Mr. Paget, in St. Bartholomew's Hospital; excision of the elbow-joint of a woman, aged 18. The patient had long suffered extreme pain in the joint, which treatment failed to relieve; the articulation was quite destroyed, and, among other measures, free incisions had previously been tried. After the excision of the diseased extremities of the bones, all pain ceased, and the case now promises a speedy cure. Mr. Paget did not make the ordinary H-shaped incision, but omitted the inner one of the longitudinal cuts, believing that he obtained quite sufficient room without it. *Case 4.* By Mr. M'Murdo, in St. Thomas's Hospital; excision of the left half of the lower jaw on account of malignant disease. The patient was a cachectic man, of very nervous temperament, aged 28. The tumour grew from within the bone, which it had expanded; it was rapidly increasing. Mr. Simon made an examination of its microscopic characters after the excision, and pronounced it an example of the fibro plastic or myeloid tumour. The operation was attended by very little loss of blood. The patient did well for the first ten days, when he was attacked by ery-

sipelas, under which he gradually sank, and death took place on the fourteenth day. No post-mortem examination of the viscera was permitted. *Case 5.* Under the care of Mr. Birkett, in Guy's Hospital; excision of the astragalus. The patient, a boy aged 8, had sprained his foot some months previously, and, in spite of treatment, the disease had advanced till an operation became unavoidable. Under the influence of chloroform, Mr. Birkett examined the part, and cut down upon and removed as much as practicable of the affected bone. Since the operation the boy's health has improved, and there seems some chance of saving the foot.

Excision of Malignant Growths.—Most of the cases mentioned last month yet remain under treatment; none have ended fatally. During the month there have been performed—*Case 1.* In the London Hospital, by Mr. Adams; excision of the upper part of the ear of a man, aged 66, on account of epithelial cancer. *Case 2.* In St. George's Hospital, by Mr. Tatum; removal of large epithelial cancer from the lower lip of an elderly man. *Case 3.* By Mr. Quain, in University College Hospital; on account of epithelial cancer on the hand; amputation above the wrist. (See *Amputations.*) *Case 4.* By Mr. Lawrence, in St. Bartholomew's Hospital; excision of a mass of epithelial cancer, the size of a walnut, from the prepuce and side of glans penis of a middle-aged man; the disease was of eight weeks' duration; recovered. *Case 5.* By Mr. Lawrence, in St. Bartholomew's Hospital; removal of two-thirds of the scrotum of a chimney-sweep, aged 33, on account of epithelial cancer. One of the testicles was so involved, that it was found necessary to remove it. The patient is doing well. *Case 6.* By Mr. Paget, in St. Bartholomew's Hospital; amputation of the entire penis of a man aged 39. The disease was of three years' duration, and had formed in the cicatrix of an injury received in boyhood; recovered. *Case 7.* By Mr. Paget, in St. Bartholomew's Hospital; excision of a scirrhus breast from a woman aged 46; recovered. *Case 8.* By Mr. Poland, in Guy's Hospital; excision of a scirrhus breast from a woman aged 35. Doing well. *Case 9.* By Mr. Cock, in Guy's Hospital, excision of a tumour of doubtful nature from the scalp of a boy aged 14. The growth had rapidly reproduced itself after a former excision. (See *Case 3*, of last month's re-

port.) In the last operation, Mr. Cock removed the pericranium, and a thin shell of bone has since exfoliated. It is hoped, therefore, that the whole has now been extirpated. The lad is nearly recovered, and appears in good health. *Case 10.* By Mr. Avery, in the Charing-cross Hospital, excision of a scirrhus breast from a middle-aged woman; recovered. *Case 11.* By Mr. Birkett, in Guy's Hospital; excision of the right half of the lower lip, on account of epithelial cancer. The patient, a man aged 62, had suffered from the disease for two years, and one of the submental lymphatics had become enlarged. Phlegmonous erysipelas of the pharynx occurred on the third, and caused death on the ninth day after the operation. At the autopsy, pus was found infiltrated in all the tissues of the pharynx; the enlarged gland had softened in the centre. None of the internal viscera were affected with cancer. *Case 12.* By Mr. Birkett, in Guy's Hospital; amputation of the penis immediately behind the glans, on account of epithelial cancer. The patient was a man aged 67, not the subject of congenital phimosis. The disease had begun on the lining of the prepuce, which latter it had perforated, and then formed a sprouting wart-like growth on its outer side. The surface of the glans was only superficially involved. Recovered.

Removal of Non-malignant Growths.—

Nearly all the cases mentioned in the last report have recovered. In Mr. Birkett's case of epulis, a second operation has been performed for the removal of a small portion which had probably escaped on the first occasion.

During the month, there have been performed, *Case 1*, by Mr. Birkett, in Guy's Hospital, removal of a testis under the following circumstances: A man, aged 33, had, for three months before admission, noticed his right testicle larger than the other. Subsequently fluid had been effused, and he had been twice tapped for hydrocele. When he applied to Mr. Birkett, there were evidences of the presence of fluid, and a trocar then introduced drew off about half an ounce of serum. Hoping that the disease might prove hæmatocele, the operator next laid open the cavity of the tunica vaginalis. This was done by a free incision, and the testis exposed. The tunica vaginalis was seen to be entire, and expanded over a large growth within it. An incision having been

made into it, a fleshy mass was exposed, and immediate extirpation of the whole gland was accordingly performed. The disease proved, on further examination, to be a fibro-cystic tumour, about the size of an egg, surrounded by a firm fibrous cyst, and inclosed the expanded gland structure of the testis. The cord was quite healthy, and the testis, excepting from its expansion by the growth within it, did not appear diseased. Mr. Birkett made his incision in the integument more posteriorly than is usually done, in order to allow of the more easy escape of the purulent discharge. The healing process was completed without drawback. *Case 2.* By Mr. Stretton (house-surgeon), in St. Bartholomew's Hospital; excision of a small, painful, subcutaneous tubercle. In microscopic character the tumour appeared to be simply cartilaginous. The patient was a woman, aged 42. Recovered. *Case 3.* In St. Bartholomew's Hospital, by Mr. Lawrence; removal of an exostosis about the size of an egg from the inner side of the femur at the beginning of its lower third. The patient was a young woman, and had known of its existence for three years. Recovered. *Case 4.* By Mr. Birkett, in Guy's Hospital; removal of a growth of doubtful nature from the right mammary gland of a single woman, aged 37. It had been known to exist for six months, and, in June, 1851, Mr. Birkett had excised a similar one from the same part. Both the tumours were circumscribed and moderately firm. In neither were the elementary structures or their arrangement similar to those of any form of cancer. Besides the above, fatty tumours in two cases, and encysted in four, have been successfully operated on.

Tracheotomy.—In a case of croup, in a child aged 10, by the Physician's Assistant, in University College Hospital. The operation was performed on the second day of the disease, and afforded relief; but the child ultimately died of pneumonia, with extension of croupal inflammation down the trachea.

Puncture of the Bladder.—Mr. Simon's case remains under care.

Operations for Urethral Stricture.—The cases previously mentioned remain under care. During the month the following has been performed: A man, aged 50, was admitted into St. Thomas's Hospital on account of extravasation of urine, the conse-

quence of stricture. The parts were enormously distended, and the swelling reached as far as the right groin. The man was extremely sunken. Mr. Solly practised free incisions, by which much pent-up matter and slough was liberated. By degrees the man slowly recovered, and the incisions in the perineum nearly healed. When the cure had thus far advanced, it was found impracticable to accomplish the dilatation of the stricture, on account of the constitutional irritation which the use of instruments always occasioned, and Mr. Solly accordingly determined to practice perineal section. This having been done, a catheter was introduced, and has ever since been kept in. The man is improving in health.

Ligature, etc. of Navus.—Mr. Lawrence's case of aneurism by anastomosis remains under treatment. During the month several cases of navus have been operated on with success, but none of them require especial mention.

Plastic Operations.—The cases, previously mentioned under the care of Mr. Brown, in St. Mary's Hospital, remain under treatment.

During the month the following have been performed; *Case 1.* By Mr. Hilton, in Guy's Hospital, an operation for the closure of a fistulous communication with the mouth. The opening had resulted from the sloughing caused by smallpox, and was situated about an inch from the right angle of the mouth. The bone had been involved, and the edges of the cicatrix adhered closely to it. There was at the posterior part of the opening a ridge of bone which projected, so that it would probably have frustrated any attempt to unite the borders of the aperture. Mr. Hilton accordingly performed a preparatory operation for the removal of this ridge; and, having allowed the parts to heal, then proceeded to the final one. The latter consisted in freely cutting away the borders of the aperture, and then dissecting up the integument all around, cutting between the muscles and the mucous membrane, but not disturbing the latter. The flaps, having been sufficiently freed, were brought into contact by means of three harelip pins, over which the twisted suture was applied. Union by first intention followed, and the success was most complete. *Case 2.* Operation for cleft-palate, by Mr. Pollock, in St. George's Hospital, on a young woman, aged 24. The fissure ex-

tended through the whole of the hard palate. The soft parts covering the hard palate were dissected and united before and behind, leaving a small hole in the centre. A second operation will be required in this, as also in the next case. *Case 3.* Operation for cleft palate, by Mr. Pollock, in St. George's Hospital, on a young woman, aged 16; the cleft extended into the hard palate but not through it. The operation consisted in uniting the soft palate, the posterior part of which healed kindly.

Paracentesis of the Chest.—*Case 1.* A young woman, in Guy's Hospital, under the care of Mr. Cock, on account of a sloughing wound in the axilla, was attacked by symptoms of pleurisy with effusion. The dyspnoea having become urgent, and there being signs of the distension of the right side with fluid, the operation of puncture was determined on, and, in Mr. Cock's absence, performed by Mr. Poland. Only a few drops of serum escaped by the trocar, which had evidently entered some solid substance. Death from increase of effusion took place a few days afterwards, and at the post mortem it was found that there existed a large mass of subpleural deposit of medullary cancer, and that in the middle of this the puncture had been made. The pleura contained a large quantity of serum, which might have easily been reached by puncture in other parts away from the tumour. *Case 2.* A man, aged 30, in St. George's Hospital, under the care of Dr. Bence Jones, for acute pleurisy, with effusion. The first time a grooved needle was used; what appeared to be serum only escaped, and the operation was accordingly deferred. On puncturing with the trocar a week later, about twenty ounces of pus were drawn off. The operation was repeated a second time with like result; but subsequently, owing to the presence of signs of air in the cavity, a free opening has been made, and the matter allowed to discharge itself. The patient is in a very dangerous condition.

Operation for Ununited Fracture.—In Mr. Stanley's case of ununited fracture of the femur, in which the ivory pegs and silver wire had been used, it has at length been deemed necessary to amputate the limb. Union had not resulted, and the man's health was suffering much. He has done well since the amputation. In Mr. Lawrence's case of ununited fracture of the tibia, in a boy, the trial of rest with a starch

bandage having quite failed, the introduction of a seton has been resorted to. The case remains under treatment.

Operation for Imperforate Anus.—Mr. Quain's case, mentioned last month, remains under treatment, and is doing well. There has been no further difficulty with the opening in regard to its tendency to contract.—*Med. Times and Gaz.* July 22, 1854.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

YELLOW FEVER.—We are pained to record the awful ravages of this disease, which has prevailed in some of our southern cities in its most malignant form.

Galveston.—At the latest dates (10th Sept.) the disease was prevailing, causing a mortality of 14 or 15 daily.

New Orleans.—The disease is on the increase in this city. The first death from the disease occurred, it is said, on the 14th of July. During the month of August, the number of deaths in the Charity Hospital, from this disease, was 300; during the first two weeks in September, 271. The total mortality in the city, during the week ending September 16, amounted to 530, of which 340 were from yellow fever. The deaths are said to average about 50 daily.

Savannah.—This beautiful city has been severely afflicted by yellow fever, after an exemption from its epidemic visitation for more than thirty years, in its most malignant form. Three-fourths of the white population have fled, it is stated, in dismay. The total mortality during the last five weeks has been 681, of which 439 were from yellow fever.

Augusta.—The disease prevails in this town, and a large proportion of the white population have fled to the neighbouring villages, or are living in tents along the road-side.

Charleston.—The yellow fever has been prevailing in this city for several weeks, and is steadily on the increase. The total deaths for the week ending September 23, was 161, of which 181 were from yellow fever. The deaths from the disease at the latest dates, numbered 15 or 20 daily.

CHOLERA.—This disease continues to prevail in various portions of our country, and in some has committed severe ravages.

Columbia.—On the 8th of September, the disease suddenly appeared in Columbia, Pa., creating a great panic, and causing those of the population who were able, to fly from the town—of 6,000 only 1,200 remained. The number of deaths during the first ten days, amounted to 107. The epidemic has now ceased.

Pittsburgh.—The epidemic appeared in this city in a very violent form, on the 13th of September, and during the first ten days produced a mortality of 560. It is now on the decline.

New York.—The total number of deaths from cholera this year, up to last week, was 2,275.

Philadelphia.—The total number of deaths from cholera this season has been 521.

Medical School of Harvard University.—Dr. D. HUMPHREYS STORER has been appointed to the chair of Midwifery and Medical Jurisprudence in this school, rendered vacant by the resignation of Prof. Walter Channing. Dr. Storer is a gentleman of cultivated mind, great scientific acquirements, and extensive professional experience, and we congratulate the school that his valuable services have been secured to it.

New York State Lunatic Asylum at Utica.—Dr. JOHN P. GRAY has been appointed Superintendent of this Institution, in place of Dr. Benedict, resigned.

Indiana Medical Journal.—This Journal, of which one number only has appeared, will not be continued.

OBITUARY.—We regret to record the death of Waldo J. Burnett, M. D., which took place in Boston, from phthisis, on the 15th of July, at the early age of 26 years.

FOREIGN INTELLIGENCE.

Death from Chloroform.—A death from chloroform has occurred at the Middlesex Hospital. The patient was a stout, muscular, and florid man, sixty-five years of age, and was admitted into the Middlesex Hospital July 4, 1854, under the care of Mr. De Morgan, for a large malignant tumour, growing on the inner side of the left femur. The patient was a labouring man,

had always been accustomed to hard work, and had never had any serious illness till the time he discovered the tumour on the thigh, which was two years before. After a consultation it was agreed to perform amputation at the upper part of the thigh. The patient was accordingly taken to the operating theatre on July 13. Chloroform was then administered by Mr. Sibley, the Registrar to the Hospital. Snow's inhaler was employed. The quantity at first placed in the inhaler was rather less than two drachms, and another drachm was added eight minutes afterwards. The patient inhaled the chloroform without difficulty, and went through the usual stages; at the end of about ten minutes violent spasm was induced; this continued about three minutes, and then somewhat abated. The pulse, which had risen to about 120, descended to 70, having a full, steady, and deliberate beat. The pupils, which had been much dilated, became less so. The respiration continued free and deep, but not stertorous. The colour of the face remained good.

At this moment, which was between thirteen and fourteen minutes from the commencement of the inhalation of the chloroform, the pulse gave a few rapid and irregular beats, and then ceased. Respiration, which, as has been stated, had been going on freely, ceased simultaneously. The face became suddenly pallid and deathlike. The inhaler was removed instantaneously, and cold water dashed on the face. Mr. Sibley immediately commenced to carry on artificial respiration, by applying his mouth to that of the patient, and inflating the lungs. The period that elapsed between the sudden cessation of the pulse and the inflation of the lungs was only a few seconds. After a few inflations there appeared to be a slight effort at inspiration, but this was the only sign of life discovered after the syncopeal attack. Galvanism was in operation within two minutes after the cessation of the pulse. Artificial respiration was carried on at first from mouth to mouth, and afterwards through a canula, which Mr. De Morgan inserted through the crico-thyroid membrane, for about forty minutes, at the end of which time, the body growing cold, the efforts at restoration were abandoned.

An examination of the body was made by Dr. Corfe, forty-eight hours after death. In the head nothing particular was dis-

covered; the brain was firm, and rather more vascular than natural; the blood in the sinus was partly coagulated; the heart was rather larger than natural, and was extremely loaded with fat, especially on the right side, where fat formed three-fourths the thickness of the wall of the ventricle; the muscular tissue was extremely pale and soft, and exhibited both to the naked eye and the eye assisted by the microscope, an extreme degree of fatty degeneration; the blood in the cavities of the heart was firmly coagulated; on both sides it was almost purely fibrinous; the clot on the right side was larger than that on the left; a fibrinous clot extended down the aorta.

In this case, both the mode of death and the pathological appearances indicate unequivocally the manner in which death took place—namely, by the sudden cessation of the action of the heart. This sudden cessation arose from there being a heart barely capable of performing its functions to a system in a state of tranquillity. But here a stimulant had been applied, exhausting the muscular energy of the organ by excessive action; at the same time the venous system, both central and ganglionic, was supplied with blood containing a fluid, which, after exciting, would deaden its action. The heart, in this way exhausted by undue action, when stimulated to contract by a venous force less than natural, failed to respond, and death immediately ensued.—*Med. Times and Gazette*, July 22, 1854.

Treatment of Cholera by Castor-Oil.

Dr. GEORGE JOHNSON has treated the cases of cholera admitted into King's College Hospital, with castor-oil, and he claims for it remarkable success. Of fifteen cases, in the very extremity of collapse, treated by this method, twelve recovered, and in one of the three fatal cases, the patient died half an hour after admission; and in the two others the plan of treatment was not carefully carried out by the nurses.

Dr. Johnson's treatment is founded on the hypothesis that in cholera some mysterious poison enters the blood, which, while it exerts a powerful depressing and narcotic influence on the entire nervous system, in most cases excites a copious secretion into the stomach and intestines, whereby the poison is separated from the blood and thus ejected from the body. And, he adds, if this be the rational pa-

thology of cholera, what treatment is so likely to be injurious as that which attempts, by narcotics and astringents, to arrest the discharges? What procedure so full of promise as that which has for its object to favour and assist the elimination of the poison?

"Assuming, therefore," he says, "that it is desirable to encourage rather than to suppress the diarrhoea, the agent best adapted to accomplish this result appears to be castor-oil—the mildest, least irritating, and yet withal the quickest purgative which we possess. Our plan has been to give the oil in doses of half an ounce every half hour, and to continue these doses until the bowels are very freely acted on, when we give it at longer intervals, and discontinue it altogether as soon as reaction is fairly established. It is usually given in cold water. A patient with a cold tongue has not a very delicate sense of taste, and we have had no difficulty in administering the medicine. It sometimes excites vomiting, and we have had such decided evidence that the effort of vomiting is beneficial, that we are rather gratified than otherwise with this result. In every case, we give cold water *ad libitum*. We put mustard poultices over the stomach, to relieve the pain which is usually complained of in that situation; we apply dry heat to the cold extremities, and friction to the cramped muscles; we most carefully avoid opium and brandy until the period of collapse is safely passed; and we have not as yet had one case of secondary fever. It may be well to observe that the success of the plan depends upon a steady, persevering, watchful attention to every case, at every period of its progress. Let no one imagine that he has done all that is required, when he has ordered a nurse to give half an ounce of castor-oil at certain intervals. He must be quite sure that his directions are fully carried out.

"I must not omit to mention that one or two of our patients have been rescued from an almost fatal lethargy by an emetic of mustard and salt; and that in one case the addition of two drachms of oil of turpentine to one dose of castor-oil appeared to act as a wholesome stimulant during the stage of icy coldness. As to the quantity of castor-oil which may be given with impunity, I may state that more than one patient has had as much as a pint in the course of forty-eight hours, and that in

several cases in which, with extreme collapse, there has been a torpid condition of the bowels, we have given the oil in doses of a full ounce.—*Med. Times and Gaz.* Sept. 9, 1854.

CHOLERA.—*London.*—The disease continues to increase. In our last No., p. 147, we gave the mortality for each week from its first appearance up to the 5th of August. The following is the mortality from cholera for the succeeding four weeks: For the week ending August 12, the mortality was 644; week ending August 19, 729; week ending August 26, 847; week ending September 2, 1,287. The deaths from cholera during the nine weeks, have been, 1, 5, 26, 133, 399, 644, 729, 847, 1,287. Of the 2,783 persons who died in London during the first seven weeks of the present epidemic, 1,706 of the number have fallen on the low grounds of London, out of 595,119 people whose dwellings are not ten feet above the Thames; 705 have died out of 648,619 on the higher ground, extending from ten to forty feet above the same level; and only 345 out of the 1,070,372 who live on the ground that has an elevation extending from 40 to 350 feet. The mortality from cholera to 100,000 living at the three elevations is 287 at the lowest, 109 at the middle, and 32 at the highest region.

Black Sea Fleet.—It is stated that 1,200 men of the allied squadrons have been put *hors de combat* by cholera.

British Army in Turkey.—The Director-General of the Medical Department states that, up to the 14th of August, the total deaths from Cholera in the British forces in the East, of a total strength of 34,000 men, had amounted only to 443. At that date the epidemic was declining considerably.

Mauritius.—The cholera has nearly disappeared; about 15,000 deaths, chiefly among the blacks, have occurred.

Hospitals of Paris.—Cases admitted from the 24th to the 30th of August, inclusive. 331: discharged, 192; dead, 179. Total cases treated, 5,599; discharged, 2,217; died, 2,868; remain under treatment on the 30th, 514.

France.—In Paris, this disease has been rapidly gaining ground again after a temporary lull. The total number of cases received in the hospitals, from July 17 to August 2, both inclusive, was 633. 301 died, and 217 were discharged, during the

same period. On the 14th, 15th, and 16th of August, there were 156 cases, and 81 deaths. There had been treated since November, 4,884 cases; 1,862 had been discharged, 2,508 had died, and 514 removed under treatment. The total cases from the 3d to the 16th of August, inclusive, was 789; 294 were discharged, and 379 died, during the same period. In the departments, it has been extremely fatal. In the civil hospital of Troyes, of 12 admissions, every one died; and, in a second report of 24 admissions, there were 22 deaths. At Morlaix, of 8 cases, 6 died. In a small district of the Haute-Marne, of 360 inhabitants, one-third of the population died in a few days. The general mortality in France has been 50 per cent. At Marseilles, from the 10th to the 29th of July, the deaths exceeded 100 daily. On the 30th, the number fell to 76; on the 31st, it was 103; and, on the 1st, 2d, and 3d of August, 67, 83, and 75. It has commenced at Strasbourg, and the deaths were 40 in the first four days. Montbredain is a village of 2,000 inhabitants, in a healthy situation. It has been ravaged by the cholera, since the 12th of July. The first case was that of a sucking child, brought from Paris, who died two days after his arrival. The second victim was the sister of the nurse of this child. Lyons has been attacked, although it entirely escaped in 1832 and 1849.

Disclosure respecting Spirit-Rapping.

At the meeting of the Academy of Sciences of Paris, on the 12th of June last, M. RAYER called the attention of the members to some experiments of Dr. Schiff, of Frankfort, touching spirit-rapping. This physician had under his observation a young girl, with whom certain noises took place, attributed to the rapping of spirits. Dr. Schiff, by paying much attention to the case, found out that the sound issued from the girl herself, and not from any other source. The noise is, in fact, produced by the repeated slipping of the tendon of the peroneus longus from the sheath in which it glides in passing behind the outer ankle. Dr. Schiff succeeded in repeating upon himself the same phenomenon presented by the girl, which was supposed to depend upon a rapping spirit. When the sheath of the tendon is weak and lax the noise is very easily made, and may be produced without moving the foot in the least; but when the

finger is placed behind the outer ankle just when the sound is being made, the alternate and repeated displacement is felt without difficulty, the action being accompanied by a rapid up and down movement of the same tendon. The Secretary of the Academy requested Dr. Schiff, who was present at the meeting, to repeat the experiment before the members. The rapping was accordingly produced, and heard at the distance of several yards, though silence was far from being complete. The feet were quite open to view, but no movement could be perceived.—*Lancet*, July 22, 1854.

Why new Bread becomes Stale.—We think M. BOUSSINGAULT is correct in saying the common belief of the cause of the conversion of new into stale bread is that it gets dry; or, in other words, that it loses water. A very slight consideration of the subject, is enough to prove to every one the error of such a notion; since by mere reheating, accompanied by a still further loss of water, stale bread again assumes its previous new condition. This chemist, however, has wisely deemed it worth his while to investigate the changes sustained by bread during its transformation, and finds that an 8 lb. loaf taken out of the oven, was, in its interior, at a temperature of about 207° Fahr.; on this loaf he experimented, with results of which we shall merely note the more important details.

The loaf was suspended in a room at the ordinary temperature, 61°—66°, and the loss of heat by the bread noted; at first hour by hour, and afterwards daily. After twenty-five hours had elapsed, the temperature of the bread had sunk to that of the room, and the loaf had lost 0.008 per cent. of its weight—water of course. It was now "half stale," and the crust no longer hard. On the following days, the temperature of the loaf was a trifle below that of the room, which phenomenon M. Boussingault seems to have passed unnoticed, although it is a very marked one, and is doubtless closely connected with the conversion of the new into stale bread. At the end of the sixth day, the bread was thoroughly stale, although it had lost only one ten-thousandth of its weight by drying; quite enough to show that loss of water has nothing to do with producing stale bread. The loaf, when reheated, was of course as fresh as at the first.

Under the guidance of these results, Bousingault regards *staleness* in bread as due to a gradual change in its molecular condition, and not to a loss of water; undoubtedly a correct conclusion, and one which might have been carried further, so as to show this molecular change to be dependent and consequent upon a change of temperature; which temperature appears to be 120° Fahr., or thereabouts; at and above which bread remains *new*; and below which it gradually becomes *stale*. The difference of temperature between the bread and the external air during its transformation, would lead to the conclusion that the change in the molecular structure of this aliment is accompanied by a change in its capacity for heat; a portion of its original heat becoming latent during the change.—*Provincial Med. and Surg. Journ.* June 30, 1854.

Poisoning by the introduction of Visiting Cards into the Mouth.—In the month of August, 1853, Dr. CAFFE was summoned to the Hôtel des Princes, by M. Riek, a Mexican merchant of German extraction, to see his infant, who was suffering from the usual symptoms attending poisoning by a salt of copper. Dr. Caffé found the child holding in its hands and at the mouth some green-coloured cards, which the nurse would not take away for fear of making it cross. Vomiting was easily induced; and, in the matter thrown up, was found the cause of the symptoms. The infant rapidly recovered; indeed, after the third day, was so far improved that the family was enabled to continue their journey. The case is reported in the *Journal des Connaissances Médicales*. Another, in all essentials similar, has appeared in *El Heraldo Medico*.

A third case occurred under the care of Dr. Eichmann. Two children, one four years of age, the other six, always enjoying good health, were taken ill in the month of August. Their symptoms raised the suspicion that they were suffering from chronic affection of the abdomen. Neither Dr. Eichmann nor the other medical men called in to see the children could discover the nature of the malady. For some weeks the symptoms increased step by step, till the end of September, when the little invalids appeared in the following state: The most extreme prostration of strength; the face very pale; anorexia; vomiting; a disturbed state of the digestive organs; pain in the

stomach; contraction of the abdominal walls; trembling of upper limbs, etc. It was at this critical time that Dr. Eichmann perceived that the children, in playing with visiting cards polished with a preparation of lead, had unfortunately introduced some pieces of the cards into their mouths. By means of the usual treatment in cases of lead colic, Dr. Eichmann succeeded in rapidly dispersing the bad symptoms; but it was a long time ere the children recovered their usual strength.

Charcoal as a Disinfectant.—Mr. TURNBULL, about nine months ago, placed the bodies of two dogs in a wooden box, on a layer of charcoal-powder of a few inches in depth, and covered them over with a quantity of the same material. Though the box was quite open, and kept in his laboratory, no effluvia was ever perceptible; and on examining the bodies of the animals at the end of six months, scarcely anything remained of them, except their bones. Mr. Turnbull sent me a portion of the charcoal-powder which had been most closely in contact with the bodies of the dogs. I submitted it for examination to one of my pupils, Mr. Turner, who found it contained comparatively little ammonia, not a trace of sulphuretted hydrogen, but very appreciable quantities of nitric and sulphuric acids, with acid phosphate of lime. Mr. Turner subsequently, about three months ago, buried two rats in about two inches of charcoal-powder, and in a few days afterwards the body of a full-grown cat was similarly treated. Though the bodies of these animals are now in a highly putrid state, not the slightest odour is perceptible in the laboratory. From this short statement of facts, the utility of charcoal-powder as a means of preventing noxious effluvia from churchyards, and from dead bodies in other situations, such as on board ship, is sufficiently evident. Covering a churchyard to the depth of two or three inches with coarsely-powdered charcoal would effectually prevent any putrid exhalations ever finding their way into the atmosphere. Charcoal-powder also greatly favours the rapid decomposition of the dead bodies with which it is in contact, so that in the course of six or eight months little is left except the bones.—Dr. STENHOUSE, in *Pharmaceutical Journal*.